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Vermont Blueprint for Health
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Comments for HIT Standards Committee
Implementation Workgroup
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What is your role in supporting meaningful use (MU) and quality reporting? What resources, experience, expertise and innovative solutions do you have that could support both the public and private sectors?

Health Information Technology (HIT) and Health Information Exchange (HIE) have been embedded in Vermont's health reform initiatives since 2005. The HITECH Act section of the 2009 Recovery Act articulates precisely the point Vermont reform has always made: HIT is not about technology, it's about improving a system of care. Funding from the Office of the National Coordinator (ONC), as well as the Medicare and Medicaid incentive payment programs, provide Vermont with a means to accelerate statewide adoption, implementation, and Meaningful Use of HIT.

In Vermont, policy governance, planning, and oversight of statewide HIE and responsibility for state HIT policy and planning, sit in the Division of Health Care Reform. The Division is part of the state Medicaid agency, the Office of Vermont Health Access, which collaborates with a non-profit, state designated entity (Vermont Information Technology Leaders, Inc., or VITL), that operates the Vermont HIE Network (VHIEN). These roles and responsibilities are codified in statute that was updated last year to reflect the policy priorities outlined in the HITECH Act.

VITL and the Division of Health Care Reform are the co-authors of the *Vermont Health Information Technology Plan*, which is now being further updated to meet the ONC Section 3013 planning requirements. Thanks to a recent ONC award, VITL will also be the home of our Regional HIT Extension Center (REC). As such, VITL will be responsible for providing the direct assistance to practices both to achieve meaningful use and support the state's health reform objectives.

A third player in the mix is a state program called the Vermont Blueprint for Health. The Blueprint started as a chronic disease prevention and care management program but, it has evolved into an integrated system for health maintenance, prevention, and care coordination. It incorporates public health in the health care delivery system and is the organizing structure around which most of our health information technology and health information exchange initiatives are built.

As it has evolved, the Blueprint is now considered to be among the best medical home models in the nation. It provides the architecture for practice transformation, for patient self-management empowerment, and for delivery system payment reform focused on outcomes. Participation in the recently announced CMS Multi-payer Advanced Primary Care Practice demonstration program could enable Vermont's integrated multi-insurer, medical home/community health team pilot to expand statewide.

The Blueprint includes web-based registry and visit planning tools, as well as population reporting tools, and with VITL, the state helps practices customize their Electronic Health Record (EHR) templates to link to the registry and reporting framework as part of the HIE connectivity process. The state plays a key role in

ensuring participating clinicians and provider organizations utilize a set of common, structured data elements as a condition of funding interfaces between EHR systems and the VHIEN. Through this highly aligned effort, the Division of Health Care Reform, VITL, and the Blueprint are building a statewide health information architecture that is designed to meet the principles of Meaningful Use.

This architecture includes: expanded use of EHRs, EHRs and hospital data sources feeding information into the statewide HIE, feeds from the HIE to a centralized clinical registry; and an informatics platform that integrates data from the centralized clinical registry, a multi payer claims data base, and public health registries. This design assures ready access to data and information that can be used to support a broad range of healthcare and human services, as well as to guide planning and track the impact of reform efforts. The benefits of this comprehensive, structured approach accrue at both the individual practice level – providing clinicians with tools to manage their patient panels more systematically – and for community- and state-level public health surveillance, patient management, and care coordination.

In sum, Vermont was striving for meaningful use of HIT before Meaningful Use was identified as the central term and concept it has become. The State's role, wholly consistent with Federal policy, is to ensure every practitioner in Vermont has the opportunity to participate successfully in the CMS provider incentive programs and to do so in a way that further enhances State goals for health care delivery "systemness."

Describe your roadmap for moving from where you are today to demonstrating the Level 1 "meaningful use" criteria and achieving the CMS incentives.

Cost effective, high quality care depends on health information being available when and where it is needed, so Vermont's delivery system reforms are built on the premise of ubiquitous, multi-dimensional health information exchange across a robust deployment of HIT systems. As noted above, Vermont was on this road prior to the passage of ARRA, but absent the new Federal resources, progress down that developmental pathway was slower than desired. Vermont is justifiably proud of its accomplishments to date, but despite a systemic vision, the current levels of HIT adoption and HIE connectivity are modest.

The ONC and CMS resources will enable Vermont to dramatically expand and accelerate implementation. The State's vision for comprehensive HIT support of the public health and health care delivery system infrastructure is fully aligned with the proposed Meaningful Use criteria. As a matter of policy and implementation, the practice of medicine in Vermont should lead to providers' adherence with the MU objectives, through the State's provision of the enabling infrastructure in collaboration with VITL and provider organization partners, along with payment and delivery system reforms designed to incent change.

In combination with new resources to extend broadband statewide, Vermont's HIT roadmap includes extending full, bidirectional HIE connectivity to hospitals in every Hospital Service Area (HSA) in the state by the end of 2011. A combination of State and Federal funding, coordinated through the Division of Health Care Reform, will enable the build-out of the VHIEN statewide, first to physician practices, but ultimately to the full continuum of provider types and organizations. (See Table below)

At the same time, VITL and the Division are beginning a coordinated, aggressive outreach to Eligible Providers to assist them with adoption, implementation, and upgrades of EHR systems, education on the benefits available to them for Meaningful Use, and through the REC program, assisting them in the practice transformation processes necessary to make best use of the new technologies.

The Vermont Blueprint for Health, currently operating in three pilot communities reaching 10% of the state population, is also planned to expand over the same time horizon, using the same strategy of growing HSA by HSA. The logic is that while Vermont has created a statewide HIE network, most exchange occurs at the local community level. By engaging clinicians locally about the combined benefits of participation in the Blueprint and the HIT initiatives, the State and VITL will leverage both efforts to drive further alignment and adoption.

The overarching goal for Vermont delivery system reform is that the fragmentation of care should be a "Never Event." Good care requires coordination and integration, from primary care to specialty care, medical health to mental health, pediatric to geriatric care, across all settings, from institutions to homes, throughout daily life. While the Federal focus is on HIT deployment and HIE connectivity for physicians and hospitals, Vermont's vision includes a broader spectrum of providers and individuals.

Number	**Type**	Description
17	**VT Hospitals**	1 Tertiary Academic Medical Center, 8 CAH, 5 Community Hospitals, 1 VA Medical Center, 1 Private Psychiatric Hospital & the State Hospital
	Plus **Regional Hospitals**	adjacent NH, MA, NY Tertiary Hospitals, and access beyond via New England Telehealth Consortium
8	**FQHC Grantees**	operating a total of 40 primary care, dental, and mental health service sites
14	**Rural Health Clinics**	11 Family Practice and 3 Pediatric
240	**Primary Care Practices**	other GP, FP, OB/GYN and internal medicine practices
3,498	**Physicians**	with active Vermont licensure
503	**Dentists**	with active Vermont licensure
14	**Home Health & Hospice Agencies**	across Vermont; all non-profit community based, all with integrated Hospice.
16	**Community Mental Health Centers**	and Developmental Disabilities Agencies operating over 50 sites
2,412	**MH/BH/SA Counselors**	licensed private mental health/behavioral health/substance abuse counselors; clinical social workers, psychologists and other professionals
250+	**Long Term Care and Public Housing sites**	including Nursing Homes, Residential Care Homes and Assisted Living Facilities, Adult Day, Meals on Wheels, and Congregate Living sites.
9	**Dept. of Corrections sites**	to be linked via a common EHR and MHISSION-VT infrastructure
12	**District Health Dept. and Agency of Human Services Offices**	including participation of local Public Health staff, social & human services staff, as well as Agency and Department Central Offices
And	**621,270 Vermonters**	whether privately insured, publicly insured, or uninsured

Meaningful Use of HIT should, as it matures between now and 2015, touch all of these institutions, professionals, and individuals. The State of Vermont, in partnership with CMS and ONC, welcomes the opportunity to advance this transformative vision of improving health care quality and performance through the thoughtful, collaborative, and intentional implementation of HIT and HIE.

Submitted in advance by Hunt Blair, Deputy Director, Division of Health Care Reform, Office of Vermont Health Access, Agency of Human Services.

Active in Vermont health care and Medicaid policy since 1992, Hunt Blair joined the Douglas administration in January, 2009 as Deputy Director for the Division of Health Care Reform in the Office of Vermont Health Access. The Division is also the state lead for HIT and HIE policy, planning and oversight. Previously, Hunt served as Vermont Director of Public Policy at Bi-State Primary Care Association where he enjoyed "a front row seat" in the Vermont legislature for the creation and refinement of the state's landmark health care reform legislation. He continues to work closely with the legislature in his new role. The New England Rural Health Roundtable awarded Hunt its Leadership Award in 2008 for his work on Vermont health care reform.